



ESP Professional Development Reimbursement Request

Complete this request form, attach course information and submit to Kim McCluskey in Human Resources. A course must have prior approval of the Education Support Professional Development Committee (ESPDC) before funds will be given. Questions? Contact Kim at 801-826-5452

Full Time Employees can receive up to \$450 a year and Part Time Employees can receive up to \$150 a year.

Name: _____ Date: _____

School/Department: _____ Position Title: _____ FT or PT: _____

District Email: _____

Work Phone #: _____ Cell Phone #: _____

PD Course Information:

Course Name: _____ Total Cost: _____

Date of Course: _____ Time: _____ Location of Training: _____

How will this course help in your current position? _____

- ☐ Attach a copy of the courses information to this application to be approved by the Education Support Professional Development Committee

Applicant Signature

Supervisor Signature

Are school funds available for training? ____ Yes ____ No If yes, how much and through which budget: _____

Note: If you are registered for a course and you receive funds, but you do not attend, you will be required to reimburse Canyons School District for the amount you are given.

Office Use Only

ESPDC Designee Signature

Date

Approved? ____ Yes ____ No

If Denied, Explain: _____

ESPDC App Received: _____

Funds Requested: _____

Confirmation Email Sent: _____

Supervisor: _____

NPO Sent to Accounting: _____